

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9374

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>4415</u>		PRIMARY REG. DIST. NO. <u>4444</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cartersville, Mo.</u>		c. LENGTH OF STAY (in this place) <u>55yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cartersville,</u>		<u>6490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 East Daugherty St.</u>				d. STREET ADDRESS (If rural, give location) <u>119 East Daugherty</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>McGuinn</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>30th</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 25th, 1859</u>	
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u>		11. BIRTHPLACE (State or foreign country) <u>Woodstock Ontario Canada</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John McGuinn</u>		13b. MOTHER'S MAIDEN NAME <u>Charllotte Small</u>		14. NAME OF HUSBAND OR WIFE <u>No Data</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margarett Varney</u>		ADDRESS <u>Cartersville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis + hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>1 m 20 s</u>  <u>331X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 1948</u> , to <u>Mar 30, 1950</u> , that I last saw the deceased alive on <u>Mar 29, 1950</u> , and that death occurred at <u>5:30 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James V. Flaherty, M.D.</u>		23b. ADDRESS <u>319 N. Main St Cartersville</u>		23c. DATE SIGNED <u>3-31-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 31, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>			
24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS <u>Webb City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/31/50</u>		REGISTRAR'S SIGNATURE <u>R. L. Antelme M.D.</u>		37			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-4-50  
Jasper County Health Office

County File Number 50-3-265

Date Filed 4-4-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Richard Gray Lewis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4485*

P. O. Address *Webb City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.